FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** NIFORM LIMITED OFFERING EXEMPTION

UMB APPROVAL				
OMB Number:	3235-0076			
Expires:	April 30, 2008			
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hours per respor	rse 16.00			

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

48, 19073	
Name of Offering check if this is an amendment and name has changed, and indicate change.) Convertible Bridge Note Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) MarketRange, Incorporated	07047831
Address of Executive Offices (Number and Street, City, State, Zip Code) 3855 Monte Villa Parkway, #110, Bothell, WA 98021	Telephone Number (Including Area Code) 425-424-2015
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Online consumer services	PROCESSED
Type of Business Organization corporation	lease specify): F MAR 2 1 2007 THOMSON
Actual or Estimated Date of Incorporation or Organization: Month Year	nated WA
GENERAL INSTRUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIC IDE	NTIFICATION DATA			
2. Enter the information re	quested for the fo	ollowing:				
 Each promoter of the 	ne issuer, if the iss	suer has been organized w	ithin the past five years;			
 Each beneficial own 	er having the power	er to vote or dispose, or dire	ct the vote or disposition of	, 10% or more of	a class of	f equity securities of the issuer.
Each executive office	cer and director of	f corporate issuers and of c	corporate general and man	aging partners of	partners	hip issuers; and
 Each general and n 	nanaging partner	of partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	_	General and/or Managing Partner
Full Name (Last name first, if Dahl, Duane	individual)					
Business or Residence Addre 3855 Monte Villa Parkwa			de)			
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i Henry-Dahl, Cindy	f individual)		-			
Business or Residence Addre 3855 Monte Villa Parkwa	`		de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i McVey, Jason	f individual)					
Business or Residence Addre 3855 Monte Villa Parkwa	•		de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	_	General and/or Managing Partner
Full Name (Last name first, i Anderson, Jon	f individual)					
Business or Residence Addre 11400 S.E. 6th Street, Sui	•		de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i Ignition Venture Partners						
Business or Residence Addre 11400 S.E. 6th Street, Sui			de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	_	General and/or Managing Partner
Full Name (Last name first, i Anderson, Jeff	f individual)					
Business or Residence Addre 3855 Monte Villa Parkwa			de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i NCP-2, L.P.	f individual)					
Business or Residence Address 3060 Peachtree Road, Atl			de)			

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or m 	ore of a class of equity securities of the issuer.
 Each executive officer and director of corporate issuers and of corporate general and managing partn 	ers of partnership issuers; and
 Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ctor General and/or Managing Partner
Full Name (Last name first, if individual) Lazarus, Jonathan	
Business or Residence Address (Number and Street, City, State, Zip Code) 3855 Monte Villa Parkway, #110, Bothell, WA 98021	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ctor General and/or Managing Partner
Full Name (Last name first, if individual) Fatah, Rafique John Paul	
Business or Residence Address (Number and Street, City, State, Zip Code) 3855 Monte Villa Parkway, #110, Bothell, WA 98021	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dire	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	
Answer also in Appendix, Column 2, if filing under III OF	
2. What is the minimum investment that will be accepted from any individual?	
 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any 	اللا الا
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.	
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such	
a broker or dealer, you may set forth the information for that broker or dealer only.	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	. All States
	MO
	WY PR
Full Name (Last name first, if individual)	—. —
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	. All States
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Full Name (Last name first, if individual)	
Full Name (Last name first, if individual)	
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer	
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	All States
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	All States
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	All States
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	All States MS MO OR PA

	(Use blank sheet, or copy and use additional copies of this sheet, as necessary	essary.)			
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		Amount Already Sold	,
	Debt\$		\$		
	Equity				
	☐ Common ☐ Preferred				•
Co		5,582,000	\$	5.581.421	
~	Partnership Interests				
	Other (Specify)				
	Total				
			Э.	3,361,421	
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Aggregate Dollar Amount of Purchases	
	Accredited Investors			5,581,421	1
	Non-accredited Investors			\$	_
	Total (for filings under Rule 504 only)	0		\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		Dollar Amount Sold	t
	Rule 505			\$ <u> </u>	_
	Regulation A			\$	_
	Rule 504		:	\$	_
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer.		:	\$	
	The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		\$		_
	Printing and Engraving Costs		\$		_
	Legal Fees	🛛	S	215,000	0
	Accounting Fees		\$		_
	Engineering Fees		\$		
	Sales Commissions (specify finders' fees separately)		\$		
	Other Expenses (identify)		\$		
	Total		\$	215,000	0

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otes.

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In addition to the sale and issuance of Convertible Secured Promissory Notes, the Company issued to each purchaser a Warrant to purchase Preferred Stock of the Company in amounts up to 25% of the principal amount of such purchaser's Convertible Secured Promissory Note. Such Warrants to purchase shares of Preferred Stock will not be exercisable until June 30, 2007 or the conversion of the Convertible Promissory Notes.

	b. Enter the difference between the aggregate and total expenses furnished in response to Part of proceeds to the issuer."	C — Question 4.a. This difference is the "adj	justed gross	s 5,367,000
5.	Indicate below the amount of the adjusted gros each of the purposes shown. If the amount for check the box to the left of the estimate. The to proceeds to the issuer set forth in response to be	or any purpose is not known, furnish an esotal of the payments listed must equal the adj	stimate and	
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		s	D \$
	Purchase of real estate		🗆 s	🗆 s
	Purchase, rental or leasing and installation of and equipment		s	🗆 s
	Construction or leasing of plant buildings and	I facilities	🗀 s	🗆 s
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e value of securities involved in this assets or securities of another	s	s
	Repayment of indebtedness			
	Working capital			
	Other (specify):		⊔s	_ L \$
	*			_
	Column Totals		s	<u>0</u> ⊠ \$5,367,000
	Total Payments Listed (column totals added)			5,367,000
			·	1
sig	issuer has duly caused this notice to be signed be sature constitutes an undertaking by the issuer to any non-	o furnish to the U.S. Securities and Exchang	ge Commission, upon wri	
lss	er (Print or Type)	81gnature A	Date	
Mε	rketRange, Incorporated		03.	15.07
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	•	
	nne Dahl	President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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